|  | DATENT ADDI ICATION SEC DESCRIPTION   |   |                |  |                  |                          |      |                   | Application or Docket Number |         |           |                        |  |  |
|--|---|---|----------------|--|------------------|--------------------------|------|-------------------|------------------------------|---------|-----------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003  |   |   |                |  |                  |                          |      | 10675177          |                              |         |           |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |                |  |                  |                          |      | SMALL<br>TYPE     | ENTITY                       | OR      | OTHE      | R THAN<br>ENTITY       |  |  |
| Ľ  | OTAL CLAIMS   | 5 11                                      |                |  |                  |                          |      | RATE FE           |                              | 7       | RATE      | FEE                    |  |  |
| F  | OR  |   | NUMBER FILED   |  | NUM              | IMBER EXTRA              |      | BASIC FEE 375.00  |                              | 700     | BASIC FEI | 750.00                 |  |  |
| ╟╴   |   | ABLE CLAIMS                               | II m           | minus 20= 1                                      |                  |                          |      | X\$ 9=            | 1                            | OR      | 25000     | 1                      |  |  |
|  | DEPENDENT C   |   | minus 3 a      |  |                  | <i>5</i> .               |      | X42=              |                              | OR      | X84=      | 1.                     |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |                |  |                  |                          |      |                   | +                            | 700     |           | <del>  /</del>         |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |                |  |                  |                          |      | +140=             |                              | OR      | L         | 1                      |  |  |
|  | CLAIMS AS AMENDED - PART II   |   |                |  |                  |                          |      |                   | <u> </u>                     | OR      | TOTAL     | 1450                   |  |  |
| _  | (Column 1) : (Column 2) (Column 3)  |   |                |  |                  |                          |      | SMALL             | ENTITY                       | OR      | OTHER     | THAN<br>ENTITY         |  |  |
| AMENDMENT A  |   | REMAINING<br>AFTER<br>AMENDMENT           |                | NUME<br>PREVIO<br>PAID F                         | ER<br>USLY       | PRESENT<br>EXTRA         |      | RATE              | ADDI-<br>TIONAL<br>FEE       | -       | RATE      | ADDI-<br>TIONAL<br>FEE |  |  |
| END  | Total<br>Independent  | • []                                      | Minus -        | 2  | 0                | • -                      |      | X\$ 9=            |                              | OR      | X\$18=    |                        |  |  |
| ₹  | FIRST PRESENTATION OF MULTIPLE DEF  |   | ENDENT CLAM    |  |                  |                          | X42= |                   | OR                           | X84=    |           |                        |  |  |
|  |   |   |                |  |                  |                          |      | +140=             |                              | OR      | +280=     |                        |  |  |
| ·.,  |   | •   |                |  |                  |                          |      | TOTAL             |                              | OR      | TOTAL     |                        |  |  |
| 4  | <u> 28-05</u>   | (Column 1)                                |                | . (Colum   | n 2)             | (Column 3)               |      | OOIT. FEE         |                              |         | NDON, FEE |                        |  |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTÈR<br>AMENDMENT |                | MIGHE<br>NUMB<br>PREVIOU<br>PAID F               | er<br>JSLy       | PRESENT<br>EXTRA         |      | RATE              | ADDI-<br>TIONAL<br>FEE       |         | RATE      | ADDI-<br>TIONAL<br>FEE |  |  |
| END  | Total<br>Independent  | . 16                                      | Minus<br>Minus | -20  | )                | -/-                      | •    | X\$ 9=/           | ·                            | OR      | X\$18=    |                        |  |  |
| AM   |   | NTATION OF MI                             |                |  |                  |                          | X42= |                   |                              | OR      | X84=/     |                        |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                |  |                  |                          |      |                   |                              | OR      | +280=     |                        |  |  |
|  |   |   |                |  |                  |                          |      | TOTAL<br>DIT. FEE |                              | OR .    | TOTAL     |                        |  |  |
|  |   | .~  |                |  |                  | DOM. FEE                 |      |                   |                              |         |           |                        |  |  |
| 5 L  | •   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | (Columi<br>HIGHEI<br>NUMBE<br>PREVIOU<br>PAID FO | ST<br>IR<br>ISLY | (Column 3) PRESENT EXTRA |      | RATE              | ADDI-<br>TIONAL<br>FEE       |         | RATE      | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total   | •   | Minus          | dra  |                  |                          |      | <b>(\$ 9=</b>     |                              |         | X\$18=    |                        |  |  |
|  | Independent   | •   | Minus          | ***  |                  | • .                      | -    |                   |                              | OR      |           |                        |  |  |
| ı  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                |  |                  |                          | H    | K42=              |                              | OR _    | X84=      |                        |  |  |
| • II   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                |  |                  |                          |      |                   |                              | OR      | +280≃     |                        |  |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE OR ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                |  |                  |                          |      |                   |                              |         |           |                        |  |  |
| 10   | ne ragnest Numi   | per Previously Pald                       | For (Total or  | Independent                                      | ) is the h       | lighest number fo        | ound | in the app        | ropriate box                 | in colu | no t.     |                        |  |  |